G. R. S. IX-5]

Previous references.

Previous
4-9-4

1921-22
(Med)

File No 16-21
Serial Nos 142

Later references.

GENERAL AND REVENUE SECRETARIAT.

Serial Nos. 142

Part B for October 1921

SUBJECT.

Abolition of the post of District medical officer of Bangalore & Mysore.

S&R) To the Surgeon Surgeon
L 2072 4 3.10.21

Request that the Medical orders of Govt. may be carried out without further delay

WD 1888—GPB—16,926—23-7-21

for Advocate General
26-10-21

45/

G. R. S. 11] 1921-22

GENERAL AND REVENUE SECRETARIAT.

(Imperial

NOTES.

File No. 14-21

FILE HEADING.

Abolition of the posts of District Medical officers of Bangalore & Kyo

From

The offg Senior Surgeon

No. G.C 16 Dated 19.7.21 Received 20.7.21

Diary No. 441	Enclos.	Spare Copies.	Serial No. /

BRIEF ABSTRACT OF LETTER.

Requests that the Govt. may be pleased to reconsider their order in No. G 2543-60 Gen 106-20-1 dated the 30th June 21, and to retain the District Medical officers of Bangalore & Jagore.

NOTES AND ORDERS.

The proposals made by the Senior Surgeon are the following:

(1) The posts of District Medical officers of Bangalore & Jagore Districts should not be abolished ~~on account of the~~ for reasons explained.

(2) The places of Surgeons should not be abolished as

NOTES—First Sheet.

General and Revenue Secretariat.

Sheet File No. 14 of 1921-22

Serial No.

proposals in this office letter No. 1269 dated the 14th July 21.

(3) To amalgamate the District Surveyal and Sanitary charges and to sanction allowance Rs 50/- to each officer, visiting & creating a class of Chief Sanitary Inspectors.

2 The arrangement for the distribution of the duties of the District Surveyal officers of Bangalore & Mysore Districts has been suggested in the Secretary's note, dated the 4th May 21.

B

Submitted for orders with reference.

20.7.21

Rev Secy

23.7

2nd Member).

A report of the Sanitary Commr on the same subject is contained in the linked file.

2nd member).

26.7.21.

Tabular Abstract received in letter from the Sanitary Commr also on the same subject. That may also be put up here soon

25-7-21

27.7.21

Proposals of the S.C. are put up in the linked file

27/7

The recommendations proposed by the Sanitary Engineer to appoint District Surveyal officers as District Sanitary officers & minimum salary which he has stated in para 4 of his letter dated 14th July which Government have various details of their duties & the medical

NOTE—Contn. sheet.

General and Revenue Secretariat.

Med File No. 14 of 1912.

Serial No.

Spec in his memo even the whole time spec.
of a medical spec who is in charge of important
district hospitals, & with a number of in-
patients & out patients he constantly attended
to and taken charge. Can the ~~his duties~~
his spec & ~~duties~~ perform efficiently not
only his duties pertaining his spec & a district
medical spec, but in addition his pri-
vate duties which require constant supervi-
sion passes ones comprehension why his
medical spec is charge & his private practice
should not ~~be~~ be taken and Epidemic diseases hospitals
should not work apart his duties & his
medical spec. The charge work & a
medical spec is not much. He can
not spend ~~to~~ all his duties in his
district more than once and even twice
if he spec not two days in a week. If
his duties interfere & his work & his district medical spec
between his general spec. mentioned above
is not possible, his spec is charge & his
Epidemic diseases hospital ~~should~~ where
should duties cannot be laid to be more
onerous than those can spec is charge &
a district hospital may be appointed district
medical spec on an allowance of Rs 50/- The
same spec has been in charge during his absence

NOTE—Contn. sheet.

GPB—70,000—17-12-15

G. R. S. III-2]

General and Revenue Secretariat.

Med File No. 14 of 1921

Serial No.

The Kuppuswami had returned discharged to his
Epidemic hospital. The
Sweeper Veeran reported sick and his
place was taken by the
Peon in charge only until a sweeper could be
permitted. The Peon carried out the
duty during his two days sick.
As for the appointment of Medical
Officer during his leave & Epidemic Special Peon will have to
depend if the local Medical & Sanitary
Staff is not sufficient to deal with the
Same. As regards the Sanitary work, though it
is not within his competence & the Peon
happens to criticise his Same / but Remember
that it can be carried on with much more
efficiency by him & whole his Peon
qualifications & his rank & the
Civil Assistant Surgeon Medical & Sanitary
matters Rum by an Peon in
charge & a hospital who cannot keep his
medical qualifications -
due to his full time & attention to
his official work & who cannot
be employed both in connection with
his Executive Peon & his District Board
& whom is in no way his duty & prescribing a proper
his health & his duties / not Superintendent & depts to

a Teacher may be drawn when needed in the absence of the Medical Officer when in the Circle his Sanitary dept although it was working under the Same System which is not recommended —

NOTE—Contn. sheet.

G. R. S. III-2]

441

General and Revenue Secretariat.

File No. 14 of 1921.

Serial No.

Co-operation will be sought in their attempts to suppress the Seditious Press Network and Law Courts may be requested to carry out the [illegible] under the Press Emergency Act.

Chief
25/7.

DEWAN'S OFFICE.
Recd. on AUG 1 1921
Reg. No. 700

Dewan)

29.7.21.

Please circulate for consideration

28.7.21

Ch Secy.

Orders Complied

3.8.21

441

G. R. S. III-2

General and Revenue Secretariat.

Local File No. 14 of 1921-22

Serial No.

Extract from Sany. file No. 6 of 21.

Subject.- Clause x of the schedule.

Proposals for the reorganisation of Sanitary work in the districts.

Opinion of the Council.

No reconsideration necessary, except to cancel the arrangement regarding District Inspectors of Vaccination being appointed District Sanitary Officers.

File to be submitted to 2nd Member.

Intd. K.V.
1 / 9 / 21.

For orders.

Intd. D.C.S.
7 / 9 / 21.

3rd Member)

Put up draft accordingly.

Intd. M.F.F.
9 / 9 / 21.

Submitted with draft.
15.9.21 15/9/21

Please put up a typed copy as revised.
17/9/21.

Typed draft submitted for approval.
19.9.21 19/9 3rd Member) 19/9/21

20.9.21

Please submit to Hon'ble Minister

Approved
A.f. Hon'ble Minister draft Sanitary
Medical Dept.

(A) Handed over sent along with file
29/9

20.9. Issued 29/9

NOTE—Contn. sheet.

441

G. R. S. III-2]

General and Revenue Secretariat.	Med File No. 14 of 1921.

Serial No.	
2	To D.M.S. Jaffna No L 2082. D 8.10.21. Request to see that the orders given are carried out without further delay

D.441
L.20-7-21.

No. G.C.16 Office of the Senior Surgeon M.G.

Dated, Bangalore, 19th July 1921.

Med 14-21-1

From

Dr. H.B. Mylvaganam, F.R.C.S., (ENG).,
Senior Surgeon with the Government of
H. H. the Maharaja of Mysore, Bangalore.

To

B. Ramaswamaiya Esqr., B.A., B.L.,
Secretary to the Government of H. H. the
Maharaja of Mysore, Revenue Department,
Bangalore.

Sir,

With reference to para 11 of Government Order No. G. - 25243-60 San. 106-20-1, dated the 30th June 1921, requesting me to submit proposals for the distribution of the duties of the District Medical Officers of Bangalore and Mysore Districts among the several Officers in Bangalore and Mysore, in view of the abolition of these two important posts, I have the honor to submit that the Chief duties of the District Medical Officers of these two Districts, excluding Sanitary duties, are as follows :-

(1) Inspection of the Local Fund Dispensaries in the Districts and in the Cities, which are annually increasing in number.

(2) Checking and submitting of periodical returns of the Dispensaries, travelling allowance bills, perishable and extra indents and scrutinizing the post mortem reports of the Sub Assistant - Surgeons.

(3) Attending to daily tappals and correspondence from the Districts.

(4) Attending meetings of the Taluk and District Boards.

(5) Inspection of Factories and Tanneries.

(6) Examining cases for Life Insurance (more cases are examine in Bangalore and Mysore than in other Districts.)

(7) Examining Government servants for physical fitness and for sick

sick leave.

(8) Examining Sepoys and Police recruits for physical fitness.

(9) Organizing Medical relief in cases of out breaks of - epidemics in the Districts.

(10) Innoculation for plague.

In addition to these duties, these two Officers had also the charge of the Medical Wards in the Victoria and Krishnarajendra Hospitals until a few years ago, but owing to their frequent - absence from the Station on executive duties, the interest of the patients suffered and it was felt desirable to relieve them of this charge, but the recent order proposes to revert to the old arrangement in another form. It will be clear from the above list, that the duties of these two Officers, are multifarious. The - periodical inspection of the Dispensaries under their charge which number ...19... in Bangalore and ..23... in Mysore involves a detailed examination of the several registers, stocks of medicine surgical instruments, linen and clothing etc,. In my opinion these inspections should be made at least twice a year instead of once as is done now, to maintain the efficiency of the Dispensaries and to keep the Sub Assistant Surgeons in trim.

Even if Sanitary work is taken away from them, yet the - organizing of Medical relief in cases of out breaks of epidemics, such as Influenza, Plague, Cholera, Small-pox etc., will at all times form one of their chief duties more especially now, as the class of men intended to be recruited for the Chief Sanitary - Inspectorship will be of a very inferior type and entirely unsuited for this work. This contingency has always to be kept in mind in face of our bitter experience in the past, as in the out breaks of Influenza in 1918 and 1919.

The Office work associated with the Office of the District Medical Officer, is no less important and it requires the maintenance of an Office and a staff of clerks and peons. Without such an establishment, the administrative work of the Districts cannot be ~~carried~~ carried on. All the periodical returns, travelling

allowance

allowance bills, indents for medicine and surgical instruments post mortem reports, confidential reports of the Sub Assistant Surgeons, attending to daily tappals and correspondence and several other works mentioned above have to be checked and disposed off from this Office. To maintain harmony, coordination and efficiency, it is indispensable, that there should be one Officer entirely responsible for the duties of the District Medical Officer. It will be apparent how impossible and impractical it is to distribute these duties among several Officers with-out causing great inconvenience to the public and to the administration. If one Officer is appointed to look after the Insurance work, another to attend to examining of Government Officials and Officers for physical fitness and sick leave, third Officer to attend to executive work, fourth one to office work etc., etc., what would be the result of the administration? I venture to point out that the whole administrative machinery will end in chaos. There would be dislocation of work, unnecessary delays and lack of uniformity, efficiency and responsibility. Further One Office will not be enough for all these Officers to hold office simultaneously and each Officer will have to be provided with separate accommodation with clerks and peons.

The greatest difficulty is to find Officers who could share the work of the District Medical Officer without detriment to their own legitimate duties. The Officers of the Senior Grade in Bangalore are the Medical Officers in charge of the Victoria, Minto, and the Maternity Hospitals, the Lunatic Asylum and the Medical Stores and the Officer in charge of the Head Quarter - Establishment. In Mysore the Medical Officer of the Krishnarajendra Hospital and the Superintendent of Jail who is also the specialist in eye diseases and is attached to the above Hospital are the only two Officers of the Senior Grade, excluding the two Palace Surgeons who are out of our calculation. Among the Lower Grade Officers there are in Bangalore, the Resident Medical Officers of the Victoria and Minto Hospitals, and the Assistant Surgeons in charge of the Epidemic disease Hospital and the Leper Asylum and the Imperial - Service Regiment Hospital and in Mysore, the Resident Medical

Officer

Officer of the Krishnarajendra Hospital and the graduate in charge of the Epidemic Disease Hospital.

The Medical Officers in Bangalore both of the Senior and Lower Grade, are also employed as lecturers in the Medical School. As it is, these Officers are over worked and have no spare time to attend to any extra work. It is also extremely undesirable, that Officers in charge of important Institutions where many serious cases are being treated daily, should be encumbered with executive duties, involving their absence from the Station. If their attention is divided, both work will suffer.

The duties of the Officers in charge of the Head Quarter Establishment and of the Imperial Service Regiment Hospital are such that they cannot be tacked on to any of the ~~works~~ duties of the District Medical Officer as their movements are uncertain. The Assistant Surgeon in charge of the Epidemic Disease Hospital Bangalore is also in charge of the Leper Asylum and the Ward for incurables besides being the Demonstrator in Physiology at the Medical School. During his spare hours in the mornings, he attends the Victoria Hospital and assists in operations. The cases that are admitted into this Hospital are of such a serious nature that the presence of a qualified Officer always at the spot is indispensable. The number of patients may vary according to the presence or absence of Epidemic diseases in the Cities. The treatment of lepers consists in giving intravenous injections twice weekly, a work that cannot be entrusted to the Sub Assistant Surgeon in charge. The Leper Asylum is quite full with 27 patients receiving daily ~~treatment~~ treatment. With the appointment of a nursing staff as sanctioned by Government recently, more cases are likely to seek admission into these hospitals and the work of the hospital will increase in proportion. The graduate in charge of the Epidemic Disease Hospital Mysore, is also in charge of the Medical Wards at the Krishnarajendra Hospital. The number of cases that are admitted here is also subject to like variation as in Bangalore. With the appointment of a competent nursing staff this Institution will also grow in popularity and more patients will seek admissio If these two Officers are also saddled with executive work necessita-

ting

necessitating their frequent absence from the Station, the interest of the Hospitals will suffer. Acute cases requiring skillful treatment will miss their absence very much and in times of epidemics their presence both at the Hospital and in the Distric will become impossible.

The Bangalore and Mysore Districts are two important ones and the administrative work is proportionately large. In the interest of the service it is not at all desirable that these two important posts should be abolished.

As anticipated, the Government have in their letter No.L.-249/Med dated 14th July 1921 ordered the abolition of two Surgeoncies which would be very disappointing to the Officers already expecting promotion.

The service is already unpopular owing to the low pay and slow promotions as compared with the Medical services of the neighbouring Presidencies. It has been found difficult in the past to recruit a better class of men to our service for these reasons and several who joined the service have left it dissatisfied with the pay. Now if these two surgeoncies are also abolished there would be great disappointment and discontentment among the men already in service, which, I am confident, is not the intention of the Government to foster.

In view of these circumstances, I beg to request that the Government may be pleased to reconsider their order and to retain these two important posts which have justified their existence during the past several years.

I very mush regret that this order involving such important changes in this Department should have been passed without any reference to its head, who is responsible to Government for its efficient administration.

I also observe that the members of the retrenchment committee never suggested the abolition of these posts but were in favour of amalgamation of the District Medical and Sanitary charges.. But for reasons that such amalgamation would necessitate the appointment of more Medical Officers in place of Health Officers and would affect

the

the efficiency of the District Hospitals, the Government have been pleased to order otherwise. I am afraid, the Government Order No.G.679-80/Med 69-16-4 dated 13th July 1918, appointing - Assistant Surgeons to each of the District Hospitals, has not been taken into consideration. These appointments though sanctioned as early as 1918 have been only partly filled up for the want of hands and the rest of the vacancies is proposed to be filled up this year as hands are already available. The District Medical Officers who are attached to the District Hospitals have executive work other than sanitation and in their absence from the station whether on executive duty or on sick or casual leave, the presence of a qualified Assistant at the spot is absolutely necessary in the interest of the patients. Further for important surgical operations, the help of a skilled assistant in out-of-the-way Districts, is urgently called for. Many operation cases that could have been easily attended to in the Districts have been sent to Bangalore or Mysore for the want of these facilities. So, with the appointment of these Assistant Surgeons or Graduates to the District Hospitals, the absence of the District Medical Officer now and then on executive or sanitary work is not likely to impair the efficiency of the Hospitals. It has also not been proved that the sanitary work turned out by the District Meddical Officers in the past, has been a failure. In the interest of - sanitation, it is no doubt desirable that separate qualified - Health Officers should be appointed to each District with adequate staff under them. Unfortunately the term "sanitation" as understood in this country is synonymous with scavenging operations. Most important aspect of sanitation is not appreciated by the majority of the people in India. In Mysore especially it is an up-hill work requiring lots of patience and perseverence. The mass of the population who are illiterate, require much educative work - to make them appreciate the real advantages of sanitation. While the Presidencies in India are already strengthening their - sanitary Departments by holding out better pay and prospects to sanitary Officers we in Mysore have taken quite a contrary course. If sanitation is not so important as many think, is it likely that

that the several Universities and Colleges in Europe would create special degrees and diplomas in public health, with special course of studies? If our experiment has not proved so successful in the past as was expected, the fault lies not on the principles of sanitation but in our methods and resources. The annual income of most of the Taluk and District Boards is hardly sufficient to keep them above debts. They are unable to undertake any sanitary work of importance without Government help. In many places, the supply of pure and wholesome water, which is one of the bare necessaries of life is denied to the people. There is no drainage system. The people live in unhealthy and insanitary houses owing to poverty. It is not possible to remedy all these defects in a day. Continuous propaganda work has to be carried out by efficient men trained for this work.

If our present financial condition will not permit continuing the Government's former policy, it would be more effective and more economical to amalgamate the District Medical and Sanitary charges as proposed by the retrenchment committee at an extra cost of Rs. 50/- as allowance to each Officer as at present than to - create a class of Chief Sanitary Inspectors on Rs. 100-5-150, who are to be recruited from the Deputy Inspectors of Vaccination and similar type of men. Even if they were recruited from Sub Assistant Surgeons, it would not be desirable to place them in independant charge of Districts. Their presence in the District and Taluk Boards will carry no weight; whereas the District Medical Officers being Officers of a superior grade, their opinion will carry great weight with the boards and with the populace. For organizing Medical relief, they can be at the spot. These Chief Sanitary Inspectors, - beyond supervising scavenging work, disinfection, and such like minor works, will not be competent to differentiate various types of epidemic diseases. These are more important duties than the preparation of vital statistics.

The placing of these Sanitary Officers under the control of the Taluk and District Boards does not seem desirable. I know of instances where the Sanitary Inspectors of the Taluk Boards, have to

carry

carry out such work as repairing of roads, planting of avenue trees etc., which are quite unconnected with sanitation. The same fate may befall the Chief Sanitary Inspectors and their legitimate duties may be crippled. Considering this question in its financial and administrative aspects, the amalgamation of the District Medical and Sanitary charges is to my mind, more efficient and econimical than the appointment of Chief Sanitary Inspectors under the control of the District Boards. In my opinion the Medical and the Sanitary Departments require better encouragement and further strengthening if they are to be of any use to the public.

I have the honor to be,

Sir,

Your most obedient servant,

H.B. Meyrowitz

Offg. Senior Surgeon. M.G.

To No. L. 2082 dt 3.10.1921

The Offg. Senior Surgeon.

Sir,

With reference to your letter No. G.C. 16 dated the 19th July 1921, requesting a re-consideration of the orders conveyed in Government Proceedings No. 25243-60/San. 106-20-1 dated the 30th June 1921, regarding the abolition of the posts of the District Medical and Sanitary Officers in Bangalore and Mysore etc., I am directed to state as follows:-

2. You say in your letter that the amalgamation of the District Medical and Sanitary charges would be more efficient and economical than the appointment of Chief Sanitary Inspectors under the control of District Boards. This proposal is inconsistent with what you have stated in para 1 of your letter which enumerates, in detail, the duties of Medical officers as too numerous even to a whole time officer.

3. If a Medical officer who is in charge of an important District Hospital with a number of inpatients and out patients to be constantly attended to and taken care of can perform efficiently not only the duties pertaining to the office of a Dist. Medical Officer, but in addition the Sanitary duties which require constant touring, it is not clear why the Medical officers in charge of the Stores, Lunatic Asylum and Epidemic Diseases Hospitals should not look after the duties

the Medical Committee appointed in February 1919 wherein you criticise the Sanitary Department, although it was working under the same system as that which you now recommend.

8. In the light of the observations made above, Government consider that Sanitary work can be carried on much more efficiently by a whole time officer of the rank of a Sub Assistant Surgeon trained in Sanitary matters than by an officer in charge of a hospital who cannot devote his full time and attention to this important work and who cannot be expected to act in subordination to the executive officers of the District Board to whom is entrusted the duty of preserving and promoting the health of the Dist.

In conclusion, I am to add that Government expect Heads of Departments to co-operate with them in their attempts to effect retrenchment in expenditure and to request you to kindly see that their orders are carried out without further delay.

I have etc.,

19/9/24

Secretary to Government,
Revenue Department.

CKV.